

Administration of Medication Consent Form

Child's Name:	
Class:	Date of Birth:
Parent/Carer's Name:	
Home Telephone Number:	
Work Telephone Number:	
Mobile:	

I consent to my child receiving the following medicine in school:

Medicine:
Dose:
Time:
Starting on:
Finishing on:
Where should the medication be stored?:
The medication is for the following condition(s):
Additional instructions:

For asthma users only:

In the case of an emergency, I do / do not give my permission for the school to use an emergency inhaler.

Signed..... Date.....

I undertake to ensure that this medication(s) supplied by me, and prescribed by my child's doctor is correctly labelled, in date, with storage details attached and that the school will be informed of any changes. I undertake to ensure that the school has adequate supplies of this medicine(s) for my child.

In the case of 'over the counter' medication, I will label the container with my name, date, and signature.

I understand that the medication will be given by a nominated member of staff. (Administration Team/Head Teacher/Deputy Head Teacher).

Signed..... Date.....

For school use. Record of medication administered:

Date	Time	Dosage	Name and signature of person administering medication	Comments